I hereby certify under 37 CFR 1 10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to BOX PATENT APPLICATION Assistant Commissioner for Patents, Washington, D.C. 20231.

Mary Rose Scozzafava Ph D.
Printed name of person mailing correspondence

Multiple of person making correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)			
Attorney Docket Number	EMP Hydrogel CON		
Applicant	Ron et al.		
Title	End-Modified Thermal Responsive Hydrogels		
PRIORITY INFORMATION:			
This application claims priority from United States provisional patent application 60 095,330 filed August 4, 1998 and United States provisional patent application 60/097,741 filed August 24, 1998 This application is a Continuation of co-panding application USSN 09/368,440 filed August APPLICATION ELEMENTS: 4, 1999,			
Cover sheet		[1] pages	
Specification		[54] pages	
Claims		[7] pages	
Abstract		[1] pages	
Drawing		[6] pages	
Combined Declaration and POA, which is: Unsigned; Newly signed for this application; A copy from prior application; A copy from prior application; PA copy from prior application; PA copy from prior application; PA copy from prior application; A copy from prior application; A copy from prior application; A copy from prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		[3] pages	
Statement Deleting Inventors		[**] pages	
Sequence Statement		[**] pages	
Sequence Listing on Paper		[**] pages	
Sequence Listing on Diskette		[**] pages	

Small Entity Statement, which is: Unsigned; Newly signed for this application; A copy from prior application 09/308,440 and such small entity status is still proper and desired.	[1] pages
Preliminary Amendment	[/] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$ 370.00	\$37 0. 00
Excess Claims Fee: 1 - 20 x \$9	\$00,00
Excess Independent Claims Fee: I - 3 x \$39	\$00
Multiple Dependent Claims Fee: \$130	S 00.00
Total Fees:	\$370.00
 ≅ Enclosed is a check for \$370,00 to cover the total fees. □ The filing fee is not being paid at this time. 	
CORRESPONDENCE ADDRESS:	
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Signature I M	11/15 /0/ Date